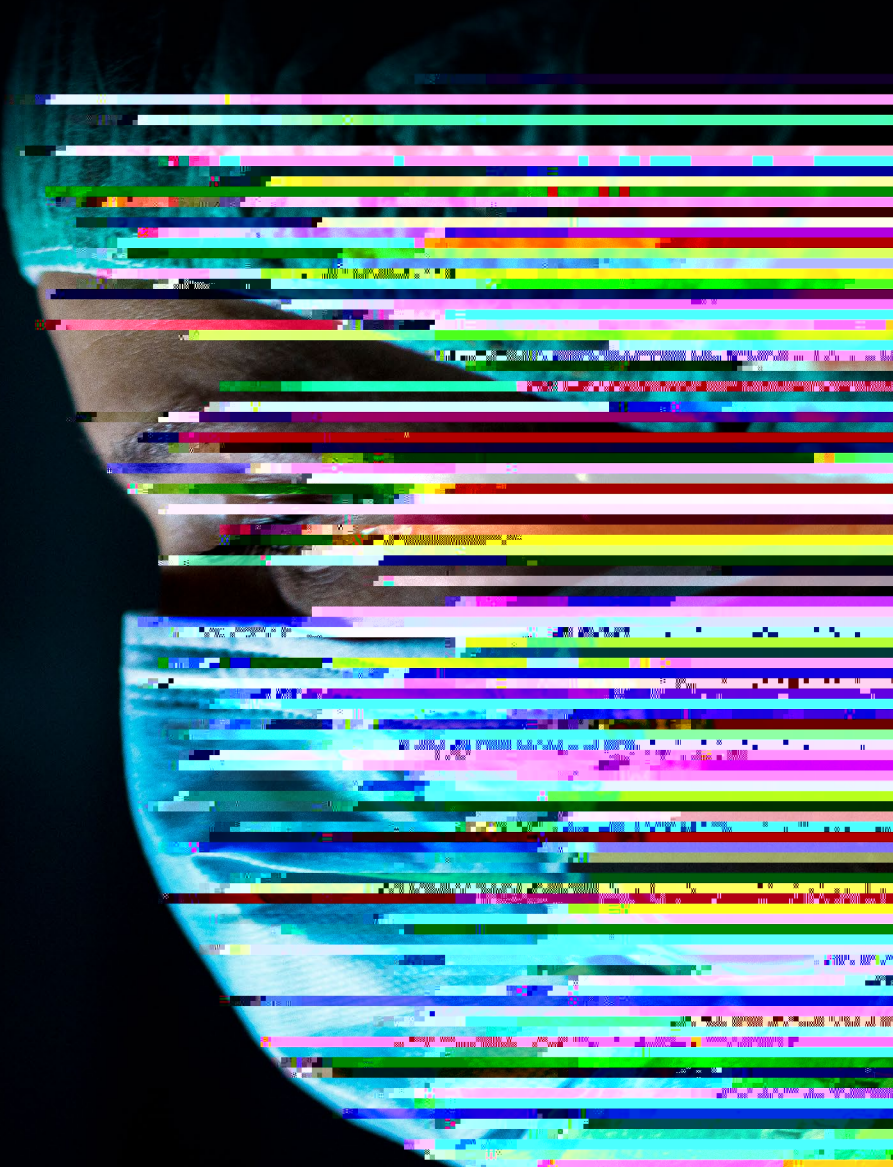# Life support: A people prescription for resilient health systems

Contents

Executive summary

Many health systems were unprepared for the
COVID-19 pandemic, struggled to respond and
recover, and face further shocks and stresses that
are fast coming over the horizon. Healthcare providers

Introduction

Many health systems were already strained going into the COVID-19 pandemic, are even more strained coming out of it, and now face the prospect of more shocks and stresses on the horizon. Acute-, primary-, and secondary-care providers endure many pressing problems including funding, infrastructure, technology, and supply chains but, most of all, staf . To shore up resilience, health systems must begin by addressing a massive people challenge.

COVID-19 revealed and aggravated long-neglected resilience challenges for health systems. Many health systems were unprepared for the crisis, struggled to respond, and are struggling to recover (see Exhibit 1). Frail health systems have cascading impacts as the health of a population underpins

Staffing costs are central to financial pressures on health systems, and other problems contribute to workforce issues in turn: Outdated technology precludes productivity gains enjoyed by other industries, and payment structures (such as in the US) drive down rewards of some types of workers such as nurses. Workforce shortages were a well-known health system challenge further aggravated by the pandemic; many countries are failing to train sufficient future workers, an imperative made more complex by aging populations and economic conditions making it difficult to source clinicians and support workers in many regions.

The following four chapters set out the resilience imperative for health systems in a changing world, and three crucial factors that drive or mitigate workforce risks: Capacity, connectivity, and culture. Each chapter also puts forth ideas for the way forward.

Given the capacity crunch and related pressures they face, many health organizations are currently in survival mode and may find it difficult to contemplate actions beyond immediate band-aids. However, it remains important that they understand and address the underlying fragility drivers and fracture points, even when it is challenging to develop solutions or secure resources to implement them.

The suggestions in this report include some measures that health systems can implement, some that they can influence, and some that become feasible in partnership with other stakeholders, including other health sector participants, government in regulatory and funder roles, and businesses. Healthcare institutions and other stakeholders can work with their trusted advisors to determine the solutions best suited to their specific context and challenges.

In this paper, the term "resilience" denotes preparedness for shocks and stresses and the ability to mount an effective response. Equally, it encompasses the ability to learn and grow from the experience to become more prepared and better performing. The term "health systems" refers to organizations that provide healthcare services across various settings — including acute/hospital care, primary care/clinics, and secondary/rehabilitative care. These organizations may be large or small, publicly or privately run, for-profit or not-for-profit.
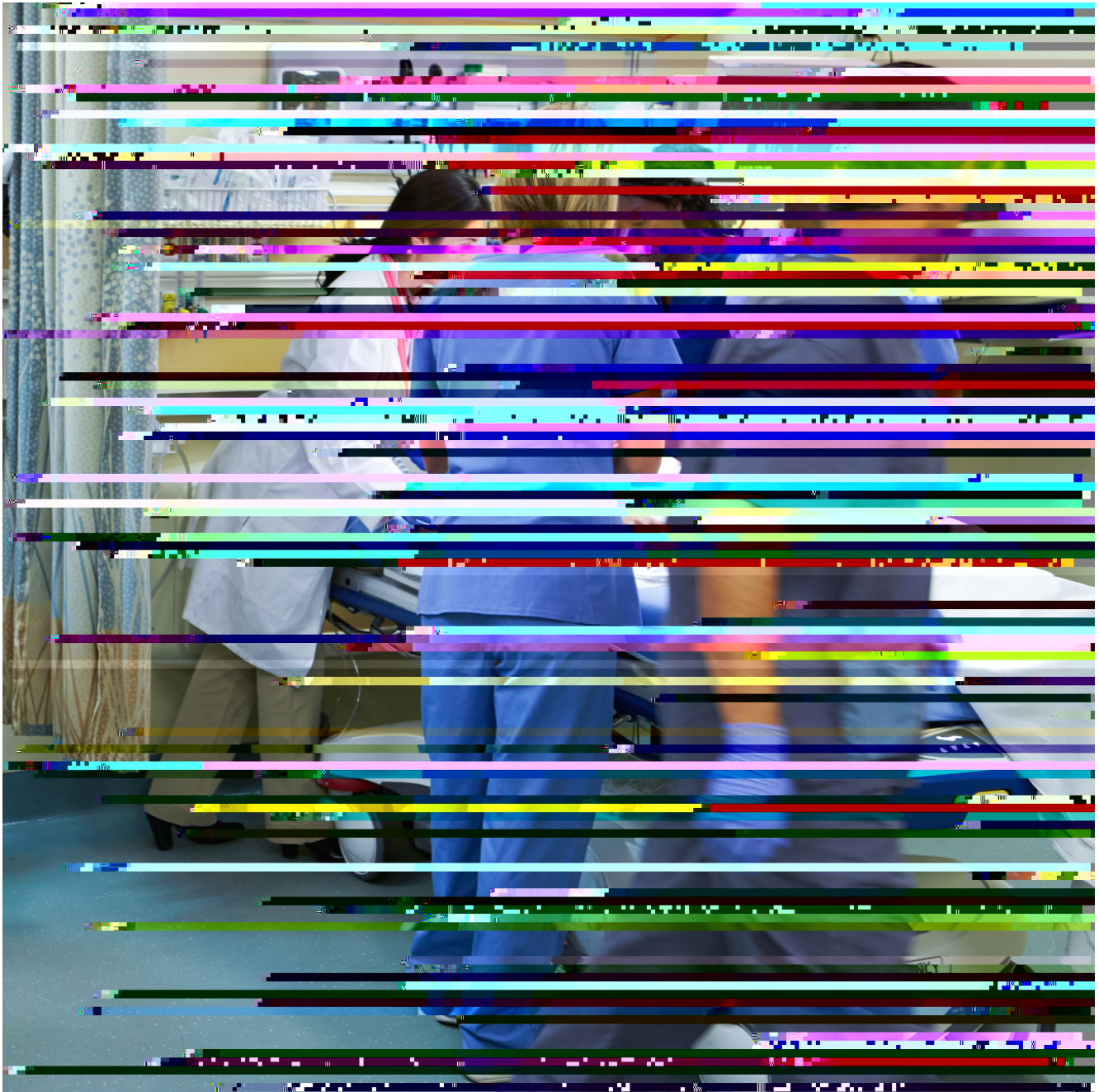
People risks: The pressing problem for health systems

In an increasingly complex risk landscape with interdependent drivers and spill-over ef ects[11]

A web of trends and threats over which health systems' players have limited influence is re-shaping the backdrop against which they deliver care. Five key trends are changing healthcare demand, costs, and supply:

disease

The number of people aged 65 and above will double by 2050, and an older world will need more long-term care and more complex healthcare for multiple chronic conditions. Disease burden and healthcare costs will soar everywhere, including in developing countries: by 2050, 68% of the world's over-80s will be living in Asia, Latin America, and the Caribbean.

Adding to the demographic headwinds, socioeconomic inequalities result in more mental ill health and conditions of despair, which already cost the US health system about $320 billion and are forecast to rise to more than $1 trillion by 2040. Deprivation and disparities are contributing factors to the growing burden of mental ill health, which will become the leading cause of disease burden and disability globally by 2030.

Climate change is one of the biggest health threats of the 21st century, with extreme weather, elevated temperatures, and rising sea levels expected to increase malnutrition, injuries, infectious and chronic disease, and mental ill health. Climate hazards can simultaneously cause spikes in need and disruptions to urgent care, by damaging healthcare facilities, fractu...

the health system overall. If trust in health systems continues to erode, healthcare workers may face even more hostility from patients and their families. Moreover, health outcomes and disparities may worsen as people — particularly minority groups with historical reasons for distrusting institutions — eschew disease control guidelines, defer or forgo evidence-based care, or turn to less effective and riskier alternative interventions.

Health system resilience spans crisis learning and growth

Resilience covers the ability to withstand, absorb, and recover from disruptive scenarios (shocks) as well as more gradual changes (stresses).[12] Resilient systems prepare for crises, mitigate their negative effects by maintaining essential service delivery, recover quickly, and appos p d rk%⅝e1l eàⅩⅣ/VH　U

Capacity, connectivity, and culture impact workforce risks and opportunities

As with other complex systems, health systems can grow more resilient or more fragile over time. Underlying causes such as workforce challenges can gradually erode the system's ability to cope with and adapt to changes, until a proximate trigger initiates a sudden fracture or step change into a new state.

Several US hospitals have reported steadily increasing lengths of stay compared to prior years due to difficulties in discharging patients, which contributes to deteriorating operational income. Higher in-patient acuity coupled with longer lengths of stay impacts the productivity and financial sustainability of healthcare providers.[16]

Healthcare provider	2020/21	2020/22	% Increase
Mass General Brigham	5.6	6.0	7.1%
Intermountain Health Care	4.3	4.5	4.7%
Sutter Health	4.7	4.8	2.1%

Source: Municipal Securities Rulemaking Board

Interactions between different parts of the health system shape how well they share information, mobilize and share resources, and mitigate systemic vulnerabilities. Connectivity suffers when service providers are fragmented or adversarial; vulnerabilities in one part of the health system can spill over into risk exposures for other parts. For example, access challenges to primary care and elderly care are driving utilization of urgent care and occupancy of hospital beds in the UK
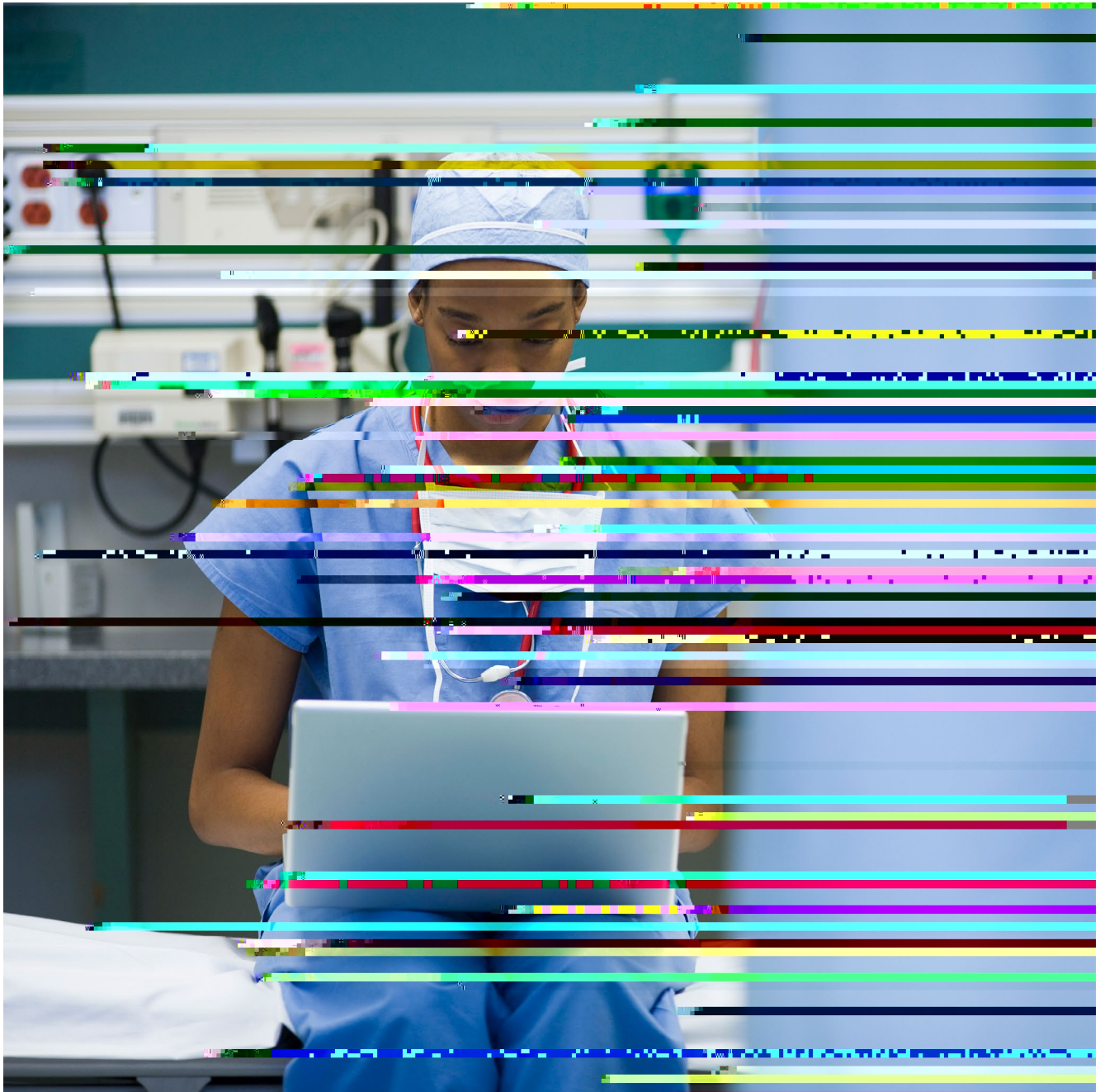
# Boosting capacity: Workforce strength, skills, and safety

The COVID-19 pandemic aggravated workforce capacity and productivity problems for health systems, which are struggling to reduce care backlogs while meeting current demand. Opportunities exist in the near, mid, and long term to address people risks and build resilience.

Health systems have a chronic capacity challenge, driven by workforce shortages, high attrition, skills gaps, and poor health and safety (see Exhibit 5). The World Health Organization predicts a global shortfall of 15 million health workers by 2030[19], a conservative forecast that does not consider COVID-19 impacts.

Grueling experiences during the pandemic have led 3 in 10 healthcare workers to consider leaving for other professions.[20] In the UK, more than 130,000 posts (1 in 10) remain unfilled, with the greatest proportion of vacancies in nursing.[21] As turnover rises due to burnout, long-term sickness, and early retirement, the loss of experienced staff is eroding productivity.

ai

- Poor pay and benef ts are a key driver of turnover. One issue of contention is internal-to-external pay equity (between full-time and travel nurses, for instance), which undermines morale. Further, rising inf ation is resulting in real-time wage cuts for staf who already feel undervalued by their employers. One in three healthcare workers say their rewards are not commensurate with the amount of ef ort they put in.[28]

- Outdated work models and limited career opportunities contribute to a disengaged and demoralized workforce. Little f exibility in the scheduling of shF
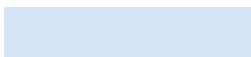
workplace violence mitigation plans, security operational and facility hardening and terrorism/ crown flow and blast monitoring. Just as critically, mental health support and Employee Assistance Programs will help those who have been targets of violence.

health systems can create adaptive capacity for conventional, contingency, and

Creating connectivity: Ecosystem coordination

Connectivity, when it exists at all, falls down in the face of health ecosystem fragmentation, a shortage of formal communication mechanisms, and limited incentives to cooperate — resulting in resource wastage, unused spare capacity, increased costs and risks from care delays, and unnecessarily large spikes in demand.

Ideas for improved health system connectivity

healthcare providers, public health bodies, and government can collaborate and coordinate to pool information and resources.

- Build on ad-hoc partnerships, communication channels, and coordination mechanisms cobbled tog 4 376 (r52)7 1 376 (r5)2 12p 18 116 5 18117 1 1 Tu (m)-6.(o)-129 (m)-6.1 (aF 1g 16 5 18117 7 (f)-)7 -05 w 18117 1

governments, healthcare
providers, and funders (employers and insurers) must

Improving culture: Health systems and societies

Within health systems, transparency and trust deficits constrain engagement and learning that can strengthen resilience. More broadly, a culture of resilience at the societal level is necessary to manage care demand — in a crisis and over the longer

Within and among healthcare institutions, a lack

Short-termism is undermining health system

Ideas for a culture of resilience in health systems

governments, public

All together: Realizing the resilience dividend

The COVID-19 pandemic revealed differing strengths, adaptability, and vulnerabilities of health systems across the world. Although the pandemic was global in its reach, local population profiles, health and economic status, and health system characteristics and dependencies resulted in vastly different levels of preparedness, response, and recovery. While some health systems weathered the pandemic better than others, concurrent disasters — such as extreme weather events — and a changing backdrop of interconnected risks underscore the importance of avoiding complacency and the urgency of addressing every health system's blind spots and drivers of fragility.

Societies have an opportunr>10 01 <20>86 b6B>118 B>7.1 0>65 01>116 00gtÀtpCO

Acknowledgements

1 Topic: Coronavirus: Impact of the coronavirus pandemic on the global economy. Statista. (2022). Retrieved 3 October 2022.

2 Burn-Murdoch, J. (2022). Chronic illness makes UK workforce the sickest in developed world. Ft.com. Retrieved 3 October 2022.

3 OECD Policy Brief on the response to the Covid-19 crisis. Oecd.org. (2020). Retrieved 12 October 2022.

4 Cohen, D. (2020). Op-Ed: Why a PPE shortage still plagues America and what we need to do about it. Cnbc.com. Retrieved 3 October 2022.

5 Bosa, I., & et al. (2021). Response to COVID-19: was Italy (un)prepared?. Health Economics, Policy And Law, 17(1)a D5 Tw -2 (5 T)-6.12 (h 541 (E))39 (33 (p)-270 Tc 0 Tw

41 Van Minh, H., & et al. (2014).